

RELAPSE AND SYMPTOM SUBSTITUTION AFTER DIFFERENT TYPES OF PSYCHOTHERAPY

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Summary—This note reviews and discusses a monograph by Cremerius in which he describes the follow-up results over a 10-yr period of 600 neurotics treated by a variety of procedures including psychoanalysis and hypnosis. While three-quarters of all patients improve following therapy, and almost regardless of type of therapy, only 25 per cent fail to show relapse or symptom substitution after 10 yr. Cremerius argues that type of pre-morbid personality determines choice of treatment, duration of treatment, and permanence of success. Detailed figures are given for different types of diagnosis, as well as for different types of treatment.

PSYCHOANALYTIC therapists have explicitly or implicitly made certain assumptions about the curative process of psychotherapy which may be summarised as follows: (1) Spontaneous remission is unlikely to occur in neurosis. A. Freud (1945) has put this point well by pointing out that "on the basis of our theoretical knowledge" there is little justification for the assumption that adult neuroses remit spontaneously; note the appeal to (assumed) knowledge, not to empirical evidence. Studies such as those summarized by Eysenck (1952), and the more recent ones by Appel *et al.* (1953) and Ernst (1959) suggest that this belief is mistaken, and that spontaneous remission does occur with considerable frequency—probably not less frequently than remission following psychotherapeutic interference. There is no doubt that the course of neurotic "illness", whether with or without benefit of therapy, is complex and relatively unpredictable; Ernst (1959) has demonstrated that it may be phasic with symptom-free intervals, phasic with change of symptom, up-and-down without change of symptom, or even more complex—leaving out of account the unanswerable question of whether a new phase of "illness" is a genuine relapse or rather a new and quite separate attack. (2) Relapse and/or symptom substitution are the inevitable results of symptom-centred methods of treatment. (3) Relapse and/or symptom substitution do not occur after proper cure by psychoanalysis. These claims are interesting, but they are clearly again based on supposititious "theoretical knowledge"; psychoanalysts have always fought shy of actually carrying out and publishing long-term follow-up studies of patients treated by their methods, and nothing is in fact known about possible occurrences of relapse and symptom substitutions after analytic therapy. The possibility cannot be ruled out that here too the guidance given by "theoretical knowledge" might be inaccurate, and that both these undesirable consequences might occur.

Nor is very much known about the comparative outcome of different types of therapy; is it really true, as psychoanalysts would have us believe, that only their method can bring proper relief from neurotic disorder, or do other methods have similar or equal probability of success—in the short term and/or in the long run? The odd lack of interest among analysts in the "outcome problem" has effectively prevented any serious study of these

questions; text-books make firm statements and recommendations, not on the basis of empirical knowledge, but rather on the basis of that "theoretical knowledge" which so impressed A. Freud, but which has little place in scientific discourse. Under these circumstances, the appearance of Cremerius's (1962) monograph on a large-scale follow-up study of some 600 neurotics, treated by various different methods, constituted an event of considerable importance. Unfortunately, the preoccupation with publications written in English which characterizes both the American and the British schools of psychiatry and psychology led to an almost complete neglect of this valuable and timely book. This article summarizes the methodology and findings reported in Cremerius's monograph, and attempts to evaluate his conclusions. This Journal has not hitherto published extended reviews of this kind, but it is hoped that the reader will agree with an occasional departure from this rule when the importance of the book warrants it.

Choice of patients

During the 3-yr period from 1948 to 1951, 605 neurotic out-patients were treated by means of some form of psychotherapy, using this term in its widest sense. Another 175 patients were not included because they were not considered suitable for psychotherapy for reasons of age, suspected psychosis, refusal of treatment, etc. Over half were between 30 and 50 yr of age; 52 per cent were men. A disproportionate number came from the working class. Patients were classified as psychosomatic or organ-neurotic on the basis of their symptomatology. Most disorders were of long duration. About one third of the patients expressed a wish for psychotherapy; about half had no idea of what psychotherapy was, and hence no desire for such treatment. These preconceived ideas and views determined in part the choice of therapy. Fifty-six were treated by analytic psychotherapy (9 per cent); 160 by verbal discussion, "understanding" and occasional explicit psychotherapy (27 per cent); 194 received hypnotic and 40 narcohypnotic treatment (32 and 7 per cent respectively); 105 received autogenic training (17 per cent); finally, 50 received a combination of treatments (8 per cent). Nearly all of the patients who received psychoanalysis had psychosomatic symptoms; hardly any of those who received hypnosis or narcohypnosis had such symptoms. This allocation in turn correlated highly with social class, in the expected direction.

Criteria of judgment

The following terms are used and defined by Cremerius:

- (1) Symptom-abolition (*Symptombeseitigung*)—the symptom has ceased to exist at the time of the enquiry, and the patient does not require any further medical attention.
- (2) Work-capacity (*Arbeitsfähigkeit*)—the patient is able to work at his proper job or profession without loss of earnings or lowering of income.
- (3) Symptom-improvement (*Symptomverbesserung*)—the symptom continues in a mild form, and occasional medical help is required.
- (4) Symptom-worsening (*Symptomverschlechterung*)—the disorder is getting worse, and the patient requires continued medical attention and is not capable of work.
- (5) Symptom-substitution (*Symptomwandel*)—the old symptom is no longer present, but another definitely neurotic symptom has appeared in connection with another organic system.

Effect of therapy

Data for the outcome of therapy are given for 573 patients, with 32 still under treatment. Table 1 shows the rated effects of the different types of treatment; it should be remembered

that identical criteria were used in the different groups. The figures are most favourable for hypnosis, least for the combined method; psychoanalysis is clearly inferior to the former and superior to the latter—it seems roughly comparable with autogenic training as far as success rate is concerned. The proportion of patients who abandoned therapy because of disappointment with method and progress was largest for psychoanalysis, in spite of the rigorous selection which had been instituted to isolate patients who would be most likely to succeed with this treatment (17 per cent as compared with an overall figure of 9 per cent). The analyst stopped treatment in 13 per cent of the cases, a figure identical with that for all treatments combined. On the whole, then, 78 per cent of all patients were rated as cured or improved, while in 22 per cent of all cases treatment was terminated by patient or therapist. Organ-neuroses showed a higher proportion of cures than psychosomatic neuroses (56 per cent vs. 34 per cent), but a smaller proportion of improvements (29 per cent vs. 43 per cent); taking both ratings together gives 85 per cent vs. 77 per cent. Hysteria and anxiety neurosis showed the best results, with 97 per cent and 94 per cent of cures and improvements; neurotic depression, hypochondria and obsessional-compulsive disorders did rather less well, and in particular showed fewer instances of complete disappearance of symptom. Ninety-two per cent of all patients were at work at the end of treatment, as compared with sixty-three per cent at the beginning. Cremerius reviews briefly the literature on success of therapy at time of termination and states explicitly that his results agree with the observation that regardless of type or duration of therapy good results are reported for some two-thirds of all cases; he calls this the “internationale Erfolgskonstante”. Cremerius acknowledges that this “Erfolgskonstante” is similar to the rate of improvement observed when no psychiatric treatment is given (spontaneous recovery) and quotes Eysenck (1952) and Ernst (1959) in support; the latter found marked improvement in 75 per cent of neurotic patients not psychiatrically treated (Cremerius cites different figures for this study on page 38 and page 89).

TABLE 1

Therapy	Position at end of treatment			Position at follow-up		
	Abolition of symptom (per cent)	Symptom improvement (per cent)	Treatment terminated (per cent)	Abolition of symptom (per cent)	Symptom improvement (per cent)	Symptom substitution or worsening (per cent)
Analytic psychotherapy	41	29	30	21	31	18
Verbal discussion	48	33	19	12	13	37
Hypnosis	54	31	15	7	10	47
Autogenic training	38	32	30	12	17	28
Combined methods	32	26	42	7	14	39
Total (per cent)	47	31	22	11	14	37

Follow-up

After between 8 and 10 yr, 523 patients were investigated again to discover the long-term effects of treatment; thus 86 per cent could be traced, which constitutes an unusually favourable outcome. Results are shown in Table 1; the figures do not add up to 100 per cent as cases where the symptom remained unchanged have been omitted (these average 38 per cent). The superiority of psychoanalysis and the inferiority of hypnosis in respect to the lasting nature of the therapeutic change are statistically significant. There is a significantly larger rate of symptom substitution for the organ neuroses as compared with the psychosomatic neuroses. The follow-up results for different diagnostic categories differ rather markedly; figures are shown in Table 2. These figures show a marked degree of symptom substitution, so-called, particularly in hysterics, but also in anxiety states, neurasthenics and depressives; there is a poor long-term recovery rate in all groups, averaging 25 per cent as opposed to the figure of 73 per cent at termination of therapy.

TABLE 2

	Condition at follow-up				
	Symptom abolition (per cent)	Symptom improvement (per cent)	Symptom unchanged (per cent)	Symptom worse (per cent)	Symptom substitution (per cent)
Hysteria	9	11	24	3	53
Anxiety state	9	12	31	3	45
Obsessive-compulsive	5	10	67	9	9
Hypochondria	6	13	52	21	8
Neurasthenia	8	16	29	5	42
Neurotic depression	12	15	19	14	40

Why is there less relapse in the case of patients treated with psychoanalytic methods than with patients treated with other methods, particularly those treated with hypnosis? The data do not enable us to answer this question with any degree of certainty, but they do suffice to reject the obvious interpretation that here we have proof of a long-cherished psychoanalytic contention regarding relapse and symptom substitution. Such proof would require some form of random assignment of patients to therapy; in this case there was a very careful selection such that those patients most likely to benefit and show good results were selected for psychotherapy, making this group the socially and intellectually most favoured. Cremerius himself seems to adopt this hypothesis; he maintains that "auf Grund meiner eigenen Untersuchung scheint das entscheidende prognostische Moment in der prä-morbiden Persönlichkeit des Kranken zu liegen. . . (Sie) bestimmt die Wahl des Behandlungsverfahrens, die Dauer der Behandlung and die Tiefe, bis zu welcher die Probleme durchgearbeitet werden können. Alles weitere is vor allem Folge dieser Wahl." (p. 57). Thus choice of therapy and its duration depend on the pre-morbid personality of the patient; all else depends on this choice. Clearly motivation, past history of reinforcement, persistence, intelligence and introspective ability all favour those patients who are selected (and partly

self-selected) to undergo psychoanalytic treatment; the same factors work in the opposite direction for those who are given hypnotic treatment.

In addition to this selection factor, of course, we have the very marked difference in length of treatment: 300 hr of psychoanalytic treatment as opposed to, say, a dozen hours for hypnosis. If, as has been maintained, the success of any form of therapy depends ultimately on some form of desensitization, then the length of time during which this desensitization can develop and be strengthened must be a crucial variable; here too of course psychoanalysis is at an advantage, particularly as it gives more direct opportunity for desensitization than does hypnosis of the kind used in this study, i.e. unrelated to habit family hierarchies. Unfortunately no form of behaviour therapy was included in this study; autogenic training hardly qualifies for this role, in spite of Schultz's (1966) protestations. Had it been included we would have been able to make some very interesting comparisons.

A brief review like this cannot do justice to a very thorough and thoughtful monograph which should be read by all who are concerned with these problems. In particular, Cremerius cites many German studies which are not usually familiar to English-speaking writers, but whose quality is at least equal to that of works frequently quoted and discussed. (The study of Ernst, 1959, is only one example.) The study is of course not perfect, and in particular the failure of random assignment, however justified by clinical considerations, makes interpretation of comparative results between treatments extremely difficult. Nevertheless, there is no doubt that Cremerius has raised an important problem: Why are results of psychotherapy of any kind (including psychoanalysis) relatively fleeting, and why is there such a relapse rate for all methods of treatment? In the past, therapists have shown little interest in the outcome problem, even where short-term results were concerned; the still more serious and important problem of long-term results was not even adumbrated, and assumptions about the long-term effects of different types of psychotherapy were made without the slightest factual support. This study may have the very desirable effect of directing interest in the direction of long-term follow-up, and the proper investigation of therapeutic results. A long-standing deficiency in psychiatric research is at least in process of being remedied.

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